MARYLAND STATE DEPARTMENT OF HEALTH correct age 2411 N. Charles St., Baltimore (RIGO) CERTIFICATE OF DEATH Reg. Dist. No.. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly. (For newborn infants give residence of mother) city or town limits, write RUL AL and give nearest town item of information carefully causes of death clearly and te RURAL and give pearest town) How long in above place of death? Hospilal, Institution, or street address where death occurred: (If rural, give LocaTION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING every it Supply eve 7. Birth date of deceased (mo., day, yr.) DURATION If less than one day 8. AGE: ADING INK. Supp Physicians: please 10. Usual occupation.. 11. Industry or business 12. Name important. (Include pregnancy within 3 months of death) 14. Malden n 14. Malden name. Major findings of operations. especially PHYSICIAN: Please underline the cause to which death should be charged statistically. PLAINLY 22\_VIOLENCE: If death was due to external causes, fill in the following: PORCHESTER AMBRIDGE (State) WRITE (City or town) (County) Injured at home, farm, Industry, public place (where?) ... O.M. TELL Injured at work? Season arbinism A15 Data signed .. 1.3. Registrar



#### MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH

Reg.	Diat.	No.116
Took.	W-10-1	1 . O

	TE OF DEATH Reg. Diat. No. 116
1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)
County Cambridge (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 1 Week Hospitat, institution, or street address where death occurred:  Cambridge Maryland Hospital  How long in hospital or institution? 1 Week	State Maryland county Baltimoper  City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)  Street No. 723 St. Paul St.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
William Whitefield	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH NOUCHBERIO 19 X6 at
5.(b) Name of husband or wife	and that I last saw h. 14 alive on DOUGMBER 197
8. AGE:         Years         Months         Days         It less than one day           81         11         15        hrs.        mit	In My OCAR DIAL FAILURE 101
9. Birthplace Taylors Island, Dor. Co., Md.  (Town, county, and state)  10. Usual occupation Clerk	Due to ACCIDENT
11. Industry or business  12. Name William W. Cator  13. Birthplace Maryland	Other conditions PROSTATIC HYPERTROPHY
# 14. Malden name Mary Travers	(Include pregnancy within 3 months of death)  Major fiadings of operations.
15. Birthplace Maryland	Date of op.
16. Informant Mr. Thomas Radeliff	Autopsy results
Address Cambridge, Maryland	22, VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof. Nov. 13, 194 (month) (day) (year)  Cemetery or crematory St. Johns Episcopal Cemete	(City or town) (County) (State)
Location Taylors Island, Maryland	Injured at home, farm, industry, public place (where?) HIGHWAY  Means of Injury JURNED, PUTO DUER injured at work?
18. Funeral director LeCompte's Funeral Service	means of injury ( The control of the
Address Cambridge, Maryland.	23. SIGNATURE
19. (Date rec'd by registrar) 19 46 John Macay 1 2	M. B. of other

MARGIN RESERVED FOR BINDING

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PLEASE

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# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Battimore 890

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CERT	HEIC	ATE	$-\mathbf{OF}$	DE.A	MH-

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Southern	(For newborn infants give residence of mother)
City or town to a let the few Market Neval (If outside city or sown limits, write RURAL and give nearest town)	State County County
	City or whoast few Market Rival
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital Individual of Stock and South Stock Sto	Street No(If Fural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Henry Tilghman Callins	
4. Se1   5. Color or sice   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widower	77 , 4- //
Trace mule	20. DATE OF DEATH OF THE STATE
8.(b) Name of husband or wife Sadie Callin	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1943 10 1 KDV J 1940,
7. Birth date of	and thet I last saw h alive on Q27-31
deceased (mo., day, yr.)	Immediate cause of death. Office the good DURATION
8. AGE: Years   Months   Days   If less than one day	immediate cause of death.
72hrsmin.	
nel 1 1 m. 1	Carebas afronten
9. Birthplace (Town, county, and state)	Due to Child Care
H	
10. Usual occupation	Que to
11. Industry or business	
12. Name Allens Collins	Other conditions
12. Name Clens Collins  13. Birthplace Dalhat Co. Mrd	
	(Include pregnancy within 3 months of death)
E t4. Maiden name was a little to the table to table to the table to ta	Major findings of operations.
15. Birthplace Talkot Co. Md.	Date of op.
	Antopsy results.
16. Informant	PHYSICIAN: Ptease nuderline the cause to which death should be charged statistically.
Address	22. VtOLENCE: If death was due to external causes, fill in the following;
17 Burial Date thereof Nov. 7 1946	
17. (Buriai, cremation, or removal, Which?)  Date thereof. (month) (uhy) (year)	Accident, suicide, or homicide
Cemetery or cremators while Attle	Where did injury occur?
Isanol Md (Kunao)	Injured at home, farm, industry, public place (where?)
Location State Control	Means of Injury tnjured at work?
18. Funeral director Makerskee & Cew reach & from	means of injury
Address Easton Ms.	18/1/19, and MK
LD - 1 00 4 100 1	23. SIGNATURE M, IJ, or other
19. Cas, 5 19 96 Elizabeth Donath	a the in a lot whole
(Date rec'd by registrar) Registrar	Address C. Cold V. C. Cold State Signed

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10

1. PLACE OF DEATH:	A VICTAL DEGENERATION (TAXON STEEL OF A PARTY COM
County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
Cambridge	State Maryland County Dorchester
City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? Life Hospital, institution, or street address where death occurred:	City or town Cambridge (If outside city or town limits, write RURAL and give nessest town)
Cambridge Maryland Hospital	Street No. Trenton St.
How long In hospital or Institution?	(If rural, give LOCATION)
3. (a) FULL NAME	The state of the s
	3. (b) Social Security Number
Bobby Goldsbourgh Da:  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
Male   White   Single	20. DATE OF DEATH November 22, 19.46, at 4:A. N
6.(b) Name of husband or wife	
7. Birth date of	November 22 19 46, to Nov. 22 19 46
7. Birth date of deceased (mo., day, yr.) Sept. 2, 1946	and that I last saw harmalive on wovember Zt 19 44
8. AGE: Yearn   Months   Days   If tess than one day	Immediate cause of death DURATION
- 2 20hrs.	min. Dalalual Lopar neurone 1441s.
9. Birthplace Cambridge, Maryland (Town, county, and state)	Due to
1D. Usual occupation	
11. Industry or business	Due 10
# 12 Name Harry G. Davis, Jr.	Other conditions Sever De hydraling 24hes?
12. Name Harry G. Davis, Jr. 13. Birthplace Maryland	Julie Communication
	(Include pregnapcy within 3 months of death)
E . Blanvland	Major findings of operations.
14. Maiden name Doris Dunn 15. Birthplace Maryland 18. Informant Mr. Harry G. Davis, Jr.,	Date of op,
18. Informant	Autopsy results
Address Cambridge, Maryland	22. VIOLENCE: If death was due to external caunes, fill in the following;
Burial (Burial, cremation, or removal. Which?)  Date thereof NOV. 24 (month) (day) (year	Accident, nuicide, or homicide
Cemetery or crematory Cambridge Cemetery	
Location Cambridge, Maryland	(City or town) (Conuty) (State)
18. Funeral director. LeComptets Funeral Service	D-0 1 (() 011 0
Address Cambridge, Maryland.	- 23. SIGNATURE Claringer Hospitus
19. 19. Char rec'd by registrar) 19. February 19. Regi	M. D. or other
(Date rec'd by registrar) Regi	strar Addrenn Cambridge Ma- Date nigned 11-24 46.

NOV 30 1946 BURHAU V B

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimo

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Zer.	Dist.	No.	11	0	0

1. PLACE OF DEATH:  County Dorchester  City or town Rural-Cambridge  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Life  Hospital, Institution, or street address where death occurred:  RFD # 2  LISUAL RESIDENCE (HOME) OF DECEASI  (For newborn infants give residence of mother)  State Maryland County Dor  (If outside city or town limits, write RUR  City or town Rural-Cambridge  (If outside city or town limits, write RUR  Street No. RFD # 2				f mother) ounty Dorchester 1 dge te, write RURAL and give nearest town)	
How long in hospital or	**			2.(a) It veleran, name war	
3. (a) FULL NAM	E			(0)	3. (b) Social Security Number
	S	olomai	n J. Frazier		-
4. Sax	5. Color or race	6.(a)Singt	e, married, widowed, or divorced	MEDICAL O	CERTIFICATION
Male	White		Married		er 11, 1946 at 9: A.
	77	B.(	c) It alive, give age97 years	21. I CERTIFY That death occurred on the date all and that I last saw h	bove stated; that I allended deceased from
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	DURATION
90	11	11	hrsmin.		
tO. Usual occupation	<u>-</u>			Due to	Mins
44			azier	(Include pregnancy within 8	
	Maryland		TATAL S. M.	Major findings of operations	
			020	82101	
			er	PHYSICIAN: Please underline the cause to	which death should be charged statistically.
17. Burî (Burlal, cremation Cemetery or cremato Location E. 2.	al orremoval Which? or East N st New M LeCompte	Date ther ew Mar arket 's Fu	ge, Maryland  eot No. 14, 1946 (month) (day) (year)  rket Cemetery  Maryland  heral Service	22. VIOLENCE: It death was due to external can accident, suicide, or homicide	Date of
	bridge,		macefe no	23. SIGNATURE Cambridge M	M. D. or other  Mark  Date signed 112-46

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2411 N. Charles St., Baltimore 93-2

10994

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH	I:	chest	ar	2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of	F DECEASED:	
County		state Maryland county Somerset				
Clty or town						
				City or town Crisfield (If outside city or town limits		
How tong in above place of d Hospital, institution, or stre	eath?		nso 23 ds	ii -		,
Rospital, Institution, or stre	er address where di	State	Hospital	Street No. 13 Chesapeake A	ve	
				(If rural, give	LOCATION)	1/
How long in hospital or institution?						
3. (a) FULL NAME	Coox	ge Ga			3. (b) Social Security !	umber
	Geor	Re Gar	re		unknown	
4. Sex 36-7 5.	Color or race White	6.(a)Single	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White	Wi	dowed			
		1		20. DATE OF DEATHNovem	ber 24 19 46	at6aM
6.(b) Name of husband or w	Tabb	v Cro	sby	21. I CERTIFY that death occurred on the date abo	ve stated; fhat I attended decea	sed from
6.(0) Name of husband of W	nie	<b>4</b>		Januarry 31	46 to Novemb	er2/19/.6
		6.(	e) If alive, give ageyears	and that I last saw him.alive on		
7. Birth date of deceased (mo., day, yr.)			1863			
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death		DURATION
o. Add.				Aurcular fibrill	ation	unknown
83	imknown		hrsmln.			000000000000000000000000000000000000
9. Birthplace	Crisfie	ld, Sounty, and	nerset Cy Maryland	Due to Chronic Myocardit dial Degenerati		!!
10. Usual occupation	Unknown	1				\$9\$0000000000000000000000000000
to. Osual occupation				Que to		***********************
11. Industry or business				Senility		
12. Name Jol	nn Gale		***************************************	Other conditions Arterioscler	otic gangrene	9:50505:0000000000000000000000000000000
13. Birthplace	Clevelan	d.Ohi	0	of foot	. Senile Psy	chosis
				of foot	months of death)	
14. Malden name	Susan0	wens		Major findings of operations		
OW 15 Rirthplace	Crisfi	eld Se	omerset Cy Marylar	d		
16. Informant	Hospi	tal H	ecords	Antopay results	high double should be about 1	to tistica lly
Address	Cambr	idee 1	Maryland			
12 :	0	-	. / /	22. VIOLENCE: If death was due to external cau		
17 Lucia gramation or	removal Which?)	Date ther	(month) (day) (year)	Accident, suicide, or homicide	Date of	
6 2 T 01						
Cemetery or crematory le assulle		Where did Injury occur?(City or town)	(County)	(State)		
Location Can	strella	Vo	٧.	Injured at home, farm, Industry, public place (w	here?)	
-1	//	1 1	1. Kubband	Meane of Injury	injured at work?	
1B. Funeral director	aware	7	32 Daniera	2 1	1	
Address Ckr	ester.	11	nd	Mulh	Mussen	me
11/00	1116	7	A 18 7 1.11.	23. SIGNATURE	M. D. o	r other 74 Co
19.	/ 719	ega.	My 6 BREET	Cambridge Mary		
(Date rec'd by regists	mr)	21.1	Registrar	Mdress	Lallu	

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



1. PLACE OF DEATH:  County Dorchester  City or town. Cambridge  City or town imits, write RURAL and give nearest town)  How long in above place of death? 50 Years  Hospilal, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland county Dorchester  City or town Cambridge  (If outside city or town limits, write RURAL and give nearest town)  Street No. 301 Washington St.
301 Washington St	Street No. OUL WASHILLE DOIL Do. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Clara Ewell Hopkins	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE DF DEATH
6.(b) Name of husband or wife. Edwin C. Hopkins (Died 11/11/1942)	21. I CERTIFY that death occurred on the date above stated; that I deended deceased from 19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Years   Months   Days   If less than one day	Cardio-Vascular deserte
9. 8irihplace Norfolk, Virginia (Town, county, and state)  10. Usual occupation.  11. Industry or business  12. Name	Due to
14. Malden name NoT Known 15. Sirthplace 11 11	Major fiudings of operations
Address Cambridge, Maryland  17. Burial Date thereof Nov. 5, 1946 (Burial, cremation, or removal. Which?)  Cemetery or crematory Christ Church Cemetery  Location Cambridge, Maryland.  18. Funeral director. LeCompte's Funeral Service  Address Cambridge, Md.  19. (Date rec'd by registrar)  10. (Date rec'd by registrar)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

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WRITE

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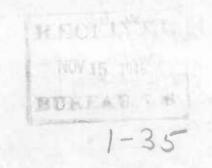
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10996

... Oate signed 11-12-44

CERTIFICA	ATE OF DEATH	Reg. Dist. No. #6
1. PLACE OF DEATH Dorchester  County	City or town (1f outside city or town limit  Street No. (1f rural, give	mother)  Dorchetti  write RURAL and give nearest town)
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Tannie Jack Son		3. (b) Social Security Number
4. Set 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Female Colored Widowed	20. DATE OF DEATH Mo-vine	6210 1946 212100 a
6.(b) Name of husband or wife J2MCS J2CS SOM  1. Birth date of J2MCS J2CS SOM  2. Birth date of J2MCS J2CS SOM  2. Birth date of J2MCS J2CS SOM  2. Birth date of J2MCS J2CS SOM  3. Birth date of J2MCS J2CS SOM  4. Birth date of J2MCS J2CS SOM  5. Birth date of J2MCS J2CS SOM  5. Birth date of J2MCS J2CS SOM  6. Co. 11 allve, give age Som  7. Birth date of J2MCS J2CS SOM  6. Co. 11 allve, give age Som  7. Birth date of J2MCS J2CS SOM  7. Birth date of J2MCS J2CS SOM  7. Birth date of J2MCS SOM  7. Birth date of J2M		4 12 , 10 NSV + 10 46
7. Birth date of deceased (mo., day, yr.) December - 1840	280 In2t t 12et e2w A	
8. AGE: Yeare   Months   Days   If less than one day	Immediate cause of death	1 / 4/-
55 10 225hre.	nin.	
9. Birthplace Beckwith Dorchester - mg	Due to Brimary in sitem	W. 20 ms
10. Usual occupation House WIFE	Due 10.	4R.
11. Industry or business	Due 10.	
12. Name Remp WISON 13. Birthplace Beckwith	Other conditions	
	(include pregnancy within 3	months of death)
14. Maiden name Next Known  15. Birthplace 138CK With	Major findings of operations	
18. Informant MYTHE JCC/SOM	PHYS1CIAN: Please underline the cause to w	hich death should be charged statistically.
Address 2 ST 197118 S CL.  17 Burial Date thereof Nov. 13-196	22. V10LENCE: If death was due to external car	
(Burial, cremation, or removal. Which?)  Date thereol (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or exemplery Wall fla	Where did injury occur?(City or town)	
Location Am nully	Injured at home, farm, Industry, public place (w	
18. Funeral director. 25. M. St. Claux	Meane of Injury	Injured at work?
Address 308 Meur Sirect	23. SIGNATURE Carryll	M Stelsin MA
19. (Date rec'd by registrar) 46 John Mee 30 A	me of the	M. D. or other  Oate signed / 1 - / 2 - 4
(Date rec'd by registrar) Regist	rar   Addrees	nate alknen



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#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore (920)

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	Reg. Dist. No. //0

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	The state of the s
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Dorchester	- Thanks I had to
City or town	State Maryland County dorchester
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	(If outside city of town limits, write KUKAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Petersburg
Petersburg	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William E. Jackson	178-18-2946
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colored Married	20. DATE OF DEATH Movember 24 19 46 21 9:50 P.
E.O. V. 4	21. I CERTIFY that death occurred on the date shove stated; that I attended deceased from
B. (b) Name of husband or wite Ella Jackson	
	nov 14 1946 10 nov 22 1846
7. Right date of	and that I last ssw h alive on nov 22 3 18.46
deceased (mo., day, yr.) May 5, 1874	Immediaje cause of depth
8. AGE: Years Months Days If less than one day	Least desease valuale.
71 6 19hrsmin.	
1 0 + 6 + 7 1 1	
9. Sirthplace Dorchester Grunty Maryland (Town, county, and state)	Due to
	***************************************
10. Usual occupation tarm Laborer	Due to
11. Industry or business Farm	
12. Name Samuel Jackson	Other conditions
	Other Conditions
4	(Include pregnancy within 8 months of death)
# 14. Maiden name Henrietta Favis	
F ,	Major findings of operations.
13. Bittiplace	Date of op.
16. Informant Mrs. Ella Jackson	Antopsy results
Address Hurlock Maryland R.F.D.	
	22. VIOLENCE: tf death was due to external causes, till in the following:
17. Durial (Burial, cremation, or remova). Which?)  (Burial, cremation, or remova). Which?)	Accident, suicide, or homicide
P. Tand Comitan	Where did Injury occur?
cemetery or crematory	
Location Near Hurlock Maryland	Injured at home, farm, industry, public place (where?)  Means of injury  tojured at work?
18. Funeral director S. X. Furuptom we son	Means of injury tnjured at work?
70 0 200 2 2000 12 - 1	(N/1) 19
Address ederalsong many	23. SIGNATURE M. D. or other
" Now 27 - " Ha Chash Haday	6 44 4 1/2/1
(Date rec'd by registrar)	Addressed bew Marker My pate signed / 26/61
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6/

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
and new Market	State Many Agrad County Dar Chearter
(If outside city or town limits, write AURAL and give nearest town)  How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How leng In hospital or institution?	2.(a) It veteran, name war
3. (a) EULL NAME Comma Colinea.	3. (b) Social Security Number
4. Sex 5. Color or rags 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jewal Holard Married	20. DATE OF DEATH. 1222 23 19. 46., 21 9 2 M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
	015 19 15 to 015 - 27 19 115
7. Birth date of deceased (mo., day, yr.) Ree 10 1889	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediato canse ot death DURATION
2 / //hrsmin.	The state of the s
9. Birtholace	Que †o
(Town, county, and state)	910 (0
10. Usual occupation	Due to
11. industry or business	
12. Name lames Campoli  13. Birthology 740	Dther conditions
\$ 13. 8irthology , 740 W/	(Include pregnancy within 3 months of death)
14. Maiden name Alexter Fenkett  15. Birthology  (A)	
5 15. Birthelace	Major findings of operations.
De stood bollmed.	
16. Informant Control of Market	Autopsy results
Address of the office of the state of the st	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal Which?)  Date thereot. (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Sunter	Where did injury occur? (City or town) (County) (State)
Contract ( Naste )	(City or town) (County) (State)
Location Co.	Meens of Injury Injury Injury
18. Funeral director	(A) (A)
Address Gast Rell Market.	23. SIGNATURE JA Janes AL
19. Nov. 24 18 46 Clifabith C Smith	Address & Berg market Md Bate signed 11/22/46

Comme Loller com Ree/10 1859 Howen won BUX 1-35

23. SIGNAT

Address

2 HSHAL RESIDENCE (HOME) OF DECEASED:

## The correct age UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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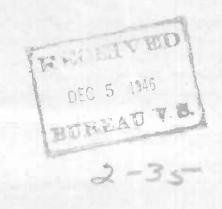
WRITE

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CERTIFICATE OF 1. PLACE OF DEATH: How long in above place of death?..... Hospital, Institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME 4. Sex Coloned 6.(b) Name of husband or wife..... .6.(c) If alive, give age ..... 7. Birth date of about 1915 deceased (mo., day, yr.) If less than one day 8. AGE: Years Months about 31 .....hrs. 10. Usual occupation... 11. Industry or business 14. Malden na 15. Birthplace 14. Malden name 16. Informant handand Address Aurial (Burial, cremation, or removal, Which?) (month) (day) (year) 18. Funeral director

(For newhorn infants give residence of r		
State Cour	ly comme	2-5
City or town Revis	growe	
(If outside city or town limita,	write RURAL and give near	est town)
Street No.		
(If rnral, give	LOCATION)	
2.(a) If veteran, name war		
	3. (b) Social Security N	lumber
	216-01-386	
		/
	RTIFICATION	
20. DATE OF DEATH.	2 19 46	. 6A .
21. CERTIFY that death occurred on the date about		
	, to	
and that I last saw halive on	***************************************	19
Immediate cause of death		DURATION
Carray o	ulung	1 hours
0		***************************************
Oue to		******************
***************************************		
Due to		*********************
***************************************		***************************************
Other conditions		
(Include pregnancy within 3 n	ionths of desth)	
Major fiedings of operations		
	Date of op	
Autopsy results		
PHYSICIAN: Please underline the cause to wh		statistically.
22. VIOLENCE: If death was due to external cau	ses, fill in the following:	
Accident, suicide, or homicide		
Where did injury occur?(City or town)	(County)	(State)
Injured at home, farm, Industry, public place (wh		
Means of Injury	Injured at work?	2
Vella 2	une h	140

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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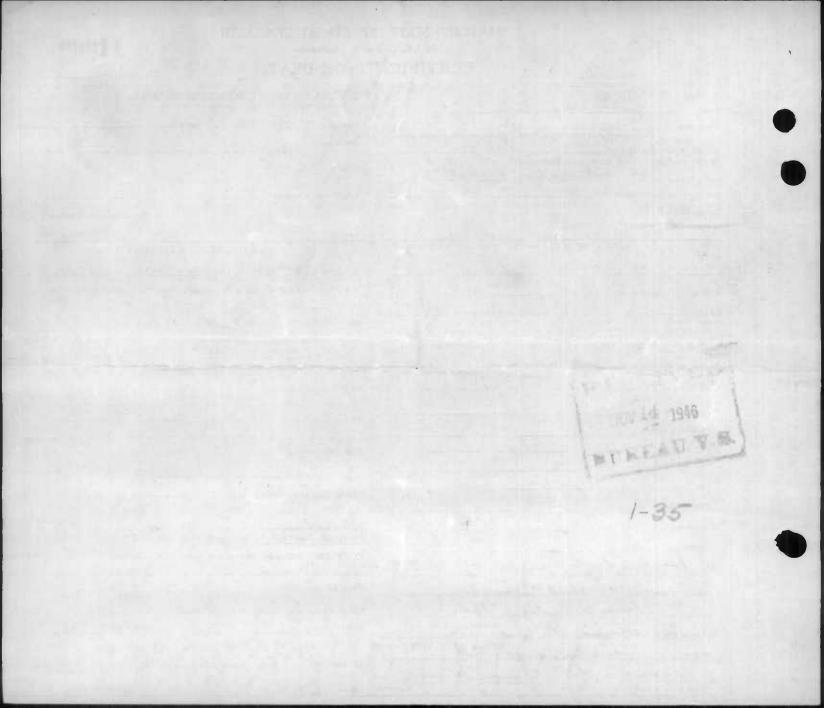
2411 N. Charles St., Baltimore 98-0

#### CERTIFICATE OF DEATH



Reg. Dist. No.

1. PLACE OF DEATH 9	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or town	State Many County Dorehol
	City or town Cambul
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or speet address where death occurred:	Street Ho. Duck and C.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Henson Jon	J. (0) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
may the many	20. DATE OF DEATH November 10 1945, at 9:(1, 1) M
6.(b) Name of husband or wife. Matter yours	21. I CERJIFY that death occurred on the date above stated; that I attended deceased from
	allober of 1946, 10 lovember 10 1946
7. Birth date of	and that I last saw h alive on November 10 19 44
deceased (mo., day, yr.)	
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION
78 / 25hrsmln.	aus Pyllocycle 21d
8. Birthplace (Town, county, and atate)	Due to Prostolle (typelloy or Denigon 6 ma
7.1	ameula Herelah
10. Usual occupation Cen Callon	Due to Che Myocardia 12 m
11. Industry or business	
12. Name one	Man Henri
6 ( ) ( ) ( )	Other conditions
S 13. Birthplace War	(Include pregnancy within 3 months of death)
14. Malden name Annie Coulc	
14. Malden name  15. Birthplace  Norwheat	Major findings uf uperations.
M. Hu.	Date of op
16. Informant	Autopsy results
Address - Cama Ander Mag	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Bureal - Bala tharpar 11-13-46	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17	Accident, suicide, or homicide
	Where did lalury occur?
Cemetery or crematory	Where did injury occur?
Location Carefulge M.	Injured at home, tarm, industry, public place (where?)
18. Funeral director Zania XI Banana	Means of Injury Injured at work?
0 121	
Address ambrelge one	Cornell M Coin New
11-12- L6 On a Mar An)	23. SIGNATURE M. D. or other
19	Address In Tale Vb Date signed 11-16-41



9-45-15M

VS A15

PLEASE

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

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2411 14.	Charles	ot., Daltimore	61
PTIFI	CATE	OF DE	AT

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				110	0
	Dam	Think	PAI	160	

1. PLACE OF DEATH: County Docchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
The land - Russo	State Maryland County Joselester		
(If outside city or town limits, write RURAL and give nearest town)	City or town Huslack - Rural 3		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
How long In hospital or institution?	(If rural, give LOCATION)		
3. (a) FULL NAME	3. (b) Social Security Number		
Sarah L. Fake	None_		
4. Sex   5. Color or race   6.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Tenale Colored Married	20. DATE OF DEATH. Homember 28 19.46 21 9:30 A.		
6.(b) Name of husband or wife token Wayley Lake	21. I CEBTIFY that death occurred on the date above stated; that I attended deceased from		
	Sastanler 1946 10 November 1946		
7. Birth date of 2 / 3 / 420	and that I last saw her alive on Movember 28 1946		
deceased (mo., day, yr.)	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Sessis / month		
58 4 28hrsmin.			
9. Birthplace Dorchester County Many and state)	Due to Gargene of foot 6 month		
10. Usual occupation Housework			
4	Due to Charles Vaccus		
	Do storing Property		
	Other conditions		
	(Include pregnancy within 8 months of death)		
14. Maiden name. Viehelmina Charle			
15. Birtholace Dorchester County, hay land	Major findings of operations.		
del Man I I			
	PHYSICIAN: Please noderline the cause to which death should be charged statistically.		
Address Hurlock, Maryland, R.F.D.	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Burial (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Mark: A CO 1 C T			
Cemetery or crematory washington would comment	Where did injury occur? (City or town) (County) (State)		
Location Near Hurlock Hayfand	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. A. Franktom and Son	Means of Injury Injured at work?		
Address Federalsburg / war land	1) eltarison MD		
no 1 20 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. SIGNATURE M. D. or other		
19. (Date rec'd by registrar) Registrar	Hunlock Md. 11/20/46		
(Date rec u by registrar) Registrar	Address Date signed 1		



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Blacky

#### CERTIFICATE OF DEATH

Reg. Dist. No.3.1.116

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Eur newborn infants give residence of mother)		
City or town. (If outside city or town limits, write RURAL and give nesrest town)	State Maryland County hospital		
How long in above place of death? / 5 years	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Partie S. Lee	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL GERTIFICATION		
Thale colored married,	20. OATE DE DEATH JOSepher 23 19 46 at 6:30 PM		
6.(b) Name of husband or wife. Mannie E- Tee	21. I CERTIFY that death occurred on the date above stated: that t attended deceased from		
7. 6lirth dale of	end that I last saw has alive on 2000 22 200 19 46		
deceased (mo., day, yr.) May 28, 1884	Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day	Coronal Occhrisa 2 hours		
62 & 25hrsmin.			
9. Birthplace Card Down, county, and state)	Due to arterios elevotie Cardio		
10. Usual occupation Taborer			
1)	Due to		
11. Industry or business			
12. Name Claration 12. Name Clar	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Thaty Matthews 15. 61rthplace Durlock Marelund	Major findings of operations.		
2 15. 6 Irthpiace Furlock Maryland	Date of op.		
16. Informant Mannie Lee T	Autopsy results 2000		
0 1 2	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address and Italy	22, VIOLENCE: If death was due to external causes, fill in the following:		
Burial, cremation, or genoval, Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. And Other	Where did injury occur?		
Location Land Dropped	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Service H. Drussere	Means of Injury Injured at work?		
Address Charles Mary Land	Polsiles the Rolling		
1/20 1/20	21 SIGNATURE M.D. or other		
19. (Data radid by radistron) 19. 4-16 John Macy Jr. Registrar	Address Cambridge, Md Bate signed 11-28-46		



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore //69

11002

1. PLACE OF DEATH: County Dorchester				2. USUAL RESIDENCE (HOME) 0	F DECEASED:	
Williamshing			***************************************	State Maryland County Dorchester		
Cily or town. Williamsburg (If outside city or town limits, write RURAL and give nearest town)			RURAL and give nearest town)	City or town Williamsburg		
How long in above place of death? 10 Years			3	(If outside city or town limits	, write RURAL and give nearest town)	
	or street address where			Street No. Williamsburg		
	d- Nr. W			(If rural, give LOCATION)  2.(a) If veteran, name war		
	or Institution?		***************************************			
3. (a) FULL NAM		non Da	aniel Mayne		3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	White		Single	20. DATE DF DEATH	)/ 19 YC at YA	
6.(ò) Name of husban	d or wife		***************************************	21. I CERTIFY that death occurred on the date about	The state of the s	
7. Birth dale of		8.(	c) If alive, give ageyears	7-		
deceased (mo., day,	yr.) Aug. 3	0, 189	92	and that I last saw halive on	19	
8. AGE: Year		Days	If less than one day	Immediato cause nf death		
54	2	27	hrsmin.	mulaje front		
o Birthniaco Cam	bridge.	Marvla	and	Due to	man of the Training of the same of the sam	
9. Birthplace Cambridge, Maryland (Town, county, and state)				DUE 10		
10. Usual occupation.	Mechani	C		Due to	***************************************	
11. Industry or busine	ss Automo	bile		Due (0		
質 12. Name Da	niel H.	Mayne		Dither conditions Andrews	A com	
	Delaware					
	Virginia	D. Ja	ackson	(Include pregnancy within 3 m	nonths of death)	
E				Msjor findings of operations		
≥ 15. Birthplace	Maryland				Date of op	
16. Informant MY	s. Olive	Rober	etson	Antopsy results	***************************************	
Address Che	ster. Pe	nna.		PHYSICIAN: Please underline the cause to whi	ich death should he charged statistically.	
				22. VIOLENCE: If death was due to external caus		
17Burial Date thereof No.V. 29. 1946 (month) (day) (year)				Accident, suicide, or homicide.		
Cemetery or crematoryCambridgeCemetery				Where did injury occur?	(County) (State)	
Location Cambridge, Maryland				tnjured at home, farm, industry, public place (wh	ere?) hailed tool	
18. Funeral director LeComptets Funeral Service			neral Service	Meens of Injury / Lit by Tun	Injured at work?	
Address Cambridge, Maryland			and	Garage 2	2 2 2000	
"/	29 19 46	0.	la mace de mi	23. SIGNATURE TO ME TO M	M. D. or other	
(Date rec'd by re	egistrar)		Registrar	Address	Date signed ///28/Y/	

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Evidence for the	additions not and	CTATE DEDADTMENT	OF HEALTH
made is shown on	MAKILANU	STATE DEPARTMENT	Ur HEALIN

1946

FILM No. I O 8 DEC 2

2411 N. Charles St., Baltimore

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	("In 24)	
-0		

1. PLAGE OF DEATH:	(For newborn infants give residence of mother)
County	
V Valle	State Maryland County Wordhous
City or town (If outside city or town limits, write RI RAL and give nearest town)	City or java Camebride, md.
How tong in above place of death? 40 years	City or town
Hospital, Institution, or street address where death Courred:	Street No. 200 mull DI.
	(If rural, give LOCATION)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	woul
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Flancisco Prancisco	he Phillips
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	The state of the s
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white widowed	0 20. DATE DE DEATH Y 0 5 19 19 46 21 828 A M
To i B Plice	721. I CERTIFY that death occurred on the date above stated; that I altended deceased from
8.(b) Name of husband or wite	2 0 0- 0 7 0 1/1/2 1/-1- 0 10 1/1
S (c) If alive give age years	1 - 10
7. Birth date of	and that I last saw help alive on 200 18
deceased (mo., day, yr.) 10-7 /6-18/6	Immediate cause of death
8. AGE: Years Months Days If less than one day	Turemia 4 days
70 0 3min.	
01 10 61	A O A
9. Cirtholace Church Creek	Due to artisto de artico -
(Town, county, and state)	meulas Bual derlase 4918-7
10. Usual occupation.	
1)	Due to
11. Industry or business	Carlied Har - Dear Ott- 7 7.0
12. Name	Other conditions de wiplefia Kt. hub.
3 13. Birthplace Algre Co.	
5 mary English array	(Include regnancy within 8 months of death)
14. Malden name	Major findings of operations
15. Birthplace	Date of op.
to 12 / Seellen to	
16. Informant	Autopsy results
Address Cayllide wa.	
Burnel O. Nov 21-1946	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal Which?)  (Burlal, cremation, or removal Which?)  (month) (day) (year)	Accident, suicide, or homicide
Olion I Church	Where did latury necur?
Cemetery or cremeters	Where did injury occur?
Location Cambridge MC.	Injured at home, farm, Industry, public place (where?)
No TO BULL	Means of injury injured at work?
18. Funeral director	
Address Cambridge, md.	700 . O Man 100/2 . 0
AUUTESS .	23. SIGNATURE
10 11-21- 19 46 Ohn Mars grm	D. D. M.D. or other
(Date rec'd by registrar)	Address Quilling 1 Date signed - 20 46

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## 9-45-15M

### VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

11004

			3	70	100
Reg.	Dist.	No.		10	0

1. PLACE OF DEATH:  County			URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF (For newborn infunts give residence of state Naryland could be state Naryland could be state No. Church Church Creek (If outside city or town limits street No. Church Creek (If rural, give 2.(a) It veteran, name war.	nty Dorchester Creek , write RURAL and give nearest town) LOCATION)
D. (a) 1000 1		garet	H. Riggins		5. (0) Social Security Humber
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
Female	White	To the	lidowed		er 11, 1946 , 6:55A
6.(b) Name of husband or wife. Lewis G. Riggins  (Died 5/27/1943). 6.(c) It alive, give age. years 7. Birth date of deceased (mo., day, yr.) July 13, 1876				and that I last saw h	6 10 2000 10 19 G
8. AGE: Year 70	months Months	Days 28	It less than one dayhrs,min.	Immediate cause of death	T failer DURATION
9. Birthplace Golden Hill, Dor. Col, Md. (Town, county, and state)				Due to Hyperleuseur	?
		••••		Due to Chronic Mile	
tt. Industry or business  12. Name Franklin Hughes  13. Birthplace Maryland  14. Malden name Martha Todd  15. Birthplace Maryland				Diher conditions	nonths of death)
≥ 15. Birthplace N.	laryLand			-	Date of op.
			ner	Autopsy results	nich death should be charged statistically.
Address Church Creek, Maryland  17. Burial Bate thereof Nov. 13. 1946 (Burial, cremation, or removal. Which?)  Cemetery or crematory. St. Johns Church Cemetery.  Location Golden Hill, Maryland					Date of
t8. Funeral director LeCompte's Funeral Service				Means of Injury	Injured at work?
Address Cambridge, Maryland				16000	Charles mo
			han Massed m	0-111	M. D. or other  Date signed Mars   12

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15 1946
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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore (F) CERTIFICATE OF DEATH

Reg. Dist. No. 116

11005

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
county Dorchester	State Maryland county Dorchester	
City or town (If outside city or town limits, write RURAL and give nearest town)	0 / 6	
How long in above place of death? 1 Day 5	(If outside city or town limits, write RURAL and give nearest town)	
Hosgital, Institution, or street address where death occurred:	Street No.	
How long in hospital or institution? 2 Day 5	(If rural, give LOCATION)	
3. (a) FULL NAME		
Edna dogers	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Fenale White Single	20. DATE DF DEATH NOV - 260, 19 46 at 6 /A M	
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	hov. 25, 1946, 10 hov. 26, 1946	
7. Birth date of deceased (mo. day. yr.) Nov. 75, 1946	and that I last saw h er alive on hov - 2-6	
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death, any Capture failure DURATION	
5 72 hrs. min.	frematurity (1)	
	Remark 1	
9. Birthplace	Due to.	
10. Usual occupation		
11. Industry or business	Due to	
	Other conditions	
12. Name Harley Albert Rogers  13. Birthplace Bridgeville, Del.		
	(Include pregnancy within 8 months of death)	
E 17. Meloci mana	Major findings of uperations.	
	Date of op.	
18. Informant Harley Albert Bogers	Autopsy results	
Address Cambridge, R.F.D.#3	22. VIOLENCE: If death was due to external causes, filt in the following:	
17. Burial Date thereof (month) (day) (year)	Accident, suicide, or homicide	
F- 1. Company = Cotta Havan		
	Whera did injury occur? (City or town) (County) (State)	
Location Castle Haven Neck, (4mbridge, P.F.D. 3	Injured at home, farm, industry, public place (where?)	
18. Funeral director to Compte Funeral Service	Means of Injury Injured at work?	
Address (ambridge md.	23 SIDNATIBE Lawrence Menzanor	
1	23. SIDNATURE	
19. "/29/ 1946 John Maa S. mit (Date rec'd by registrar)  Registrar	Address 136 Race D. Date signed Nov. 29, 1996	

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VS A15

1. PLACE OF DEATH:

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 488

2. USUAL RESIDENCE (HOME) OF DECEASED:

11006

### CERTIFICATE OF DEATH

Reg. Dist. No. 16

County Dorchester	(For newborn infants give residence of mother)		
City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Dorchester		
(If outside city or fown limits, write RURAL and give nearest town)  How long in above place of death?	City or town. Cambridge (If outside city or town limits, write RURAL and give nearest town)		
Hospital Institution or street address where death occurred:	FF T S - Table C b		
7 Light St.	Street No		
How long in hospital or institution?			
3.(a) FULL NAME Sallie D. Shorter	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female   White   Widowed	20. DATE DF DEATH November 29, 19 46 of 3:30A M		
8.(b) Name of husband or wife William Shorter  (Deceased-1894) 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from  22. I CERTIFY that death occurred on the date above stated; that I altended deceased from  1946		
deceased (mo., day, yr.) Sept. 1, 1868	Immediate cause of death Connection DURATION		
8. AGE: Years Months Days If less than one day			
78 2 28hrs.	min. Internal lumoning Thous		
9. Birihplace Sewards, Dor. Co., Maryland (Town, county, and state)			
1D. Usual occupation.	Due to		
11. Industry or business -			
12. Name James Willey   13. Birthplace Maryland			
# 14. Maiden name Dorothy Hurley	(Include pregnancy within 8 months of death)		
14. Malden name Dorothy Hurley 15. Birthplace Maryland 15. Informant Mrs. Magie Jones	Major findings of operations		
25 15. Birthplace Watty Latio			
10, 11101111111111111111111111111111111	Autopsy results.  PHYS1CIAN: Please underline the cause to which death should be charged statistically.		
Address Cambridge, Maryland	22 VIOLENCE, It don't was due to external causes till in the fallowing.		
Bate fhereof Dec. 1, 1946 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory East New Market Cemetery			
Location East New Market, Maryland	and the state of t		
18. Funeral director LeCompte's Funeral Service	Means of Injury Injured at work?		
Address Cambridge, Maryland	23. SIGNATURE P. 78 JACOS		
11/201 11 20 20 00	23. SIGNATURE M. D. or other		
19. // 30/ 19. 46 John mace Ir (Date recent by registrar)	strar Address Commercial Date signed 291974.		

Registrar | Address Communication | Address Communicat

DEC 3 1946

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# \* 11007

## CERTIFICATE OF DEATH

Reg. Dist. No. //6

I. PLACE OF DEA				(For newborn infants give residence of mother)		
County Dorch						
City or town	Cambridge	, Mary	and URAL and give nearest town)	state Maryland county Som		***************************************
				City or town Princess (If outside city or town limits,	Anne	
How long in above place Hospital, institution, or	of death?	years	2 months - 27 da	(If outside city or town limits,	write KUKAL and give near	est town)
				Street No.		f.
Lastern	Shore Sta	Le-Hosp	ital 27 days	(If rural, give L		V
How long in hospital or	Institution?	ears -	z monuns - 2/ day	2.(a) It veteran, name war		
3. (a) FULL NAMI	E				3. (b) Social Security N	lumber
	0	pal Sig	ler			
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
4, 50	0.000			MEDICAL CE	RIFICATION	
Female	White	Sir	gle	20. DATE OF DEATH November 30	1946	al.8:30A.m
				21. I CERTIFY that death occurred on the date above		
6.(b) Name of husband	or wife			September 3		
		6.(	e) It alive, give ageyears	and that I last saw he.r. alive onNo.ve		
7. Birth date of deceased (mo., day, y	r) Comto	mber 25	1005			
8. AGE: Years		Days	If less than one day	Immediate cause of death		DURATION
0. 1102.				Cerebral Hemorrhage		1 nour
41	.   2	15	hrs min.			
9. Birtholace	Bronson	Kansa	LState)	Due to Dementia Praecox	(Catatonic)	
y. Dirtipino	(Town	, county, and	itate)			
10. Usual occupation	Clerk	for thr	ee years	Due to.		
11. Industry or busines	-Unkno	84780		DUG 1.V		333500000000000000000000000000000000000
						······
12. Name		W.A		Other conditions	***************************************	
13. Birthplace				(Include pregnancy within 3 m	onths of death)	
Maiden name	Unkn	o.wn				
14. Maiden name.				Major fiedings of operations		
≥ 15. Birthplace						
16. Informant E.a.s	tern Shor	eState	Hospital Records	Actorsy resolts		
Address	0 1			PHYSICIAN: Please ooderline the cause to whi	ch death should be charged a	tatistically.
Address	Cambridge			22. VIOLENCE: It death was due to external caus	es, till in the tollowing;	
17. 10 us	, or removal, Which	Date ther	eot DEC 2 1946. (month) (day) (year)	Accident, suicide, or homicide	Date of	
	Palel	P.T.	an ComoTend	Whers did injury occur?(City or town)		
Cemetery or cremato	ry luci	Dien				
Location Tr	melle	Um	e ma.	Injured at home, tarm, industry, public place (who	ere?)	000000000000000000000000000000000000000
	1 last	d) as	h.000	Msans of Injury	Thjured at work?	
18. Funeral director	, our	y		1000	4 (	-
Address Trim	cess	1m	e, ma	aber & 6.	Harduer	14.10.
12/-	./.	(	d en	23. SIGNATUBE	M. D. o	r other
19. (Dute ree'd by re	19	-	Regispar	e. Mo	Date signed	

DEC 3 1946 DEC 3 1946

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11(1)8 Reg. Dist. No. //60

1. PLACE OF DEA	ter Count			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Camb	ridge Mar	yland	URAL and give nearest town)	State County	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
How long in above place Hospital, institution, or Cambridge	of death? efreef address whera Maryland	death occurred Hospi	i:	City or town		
3. (a) FULL NAME				3. (b) Social Securit		
Mr. Thoms	s E. Sim	pson				
4. Sex	5. Color or raco	6.(a) Singl	o, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White		Separated	20. DATE OF DEATH NOUS MAGR 21 19 46	Pa1	
	***************************************	6.(	c) If alive, give agoyears	21. I CERTIFY that death occurred on the date above stated; that I attended death occurred on the date above stated; that I attended death occurred on the date above stated; that I attended death occurred on the date above stated; that I attended death occurred on the date above stated; that I attended death occurred on the date above stated; that I attended death occurred on the date above stated; that I attended death occurred on the date above stated; that I attended death occurred on the date above stated; that I attended death occurred on the date above stated; that I attended death occurred on the date above stated; that I attended death occurred on the date above stated; that I attended death occurred on the date above stated; that I attended death occurred on the date above stated; that I attended death occurred on the date above stated; that I attended death occurred on the date above stated; that I attended death occurred on the date above stated; that I attended death occurred on the date above stated in the date above	ceased from	
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death FAILURE	OURATION	
67			hrsmin.		BHOS.	
9. Birthplace	Paper-Ha	county, and a	tate)	Duo to CORDINARY ARTERY DISCASE  Duo to ARTERIOSCLEROSIS	3 1705,	
11. Industry or business					••••••••••	
F	liam R. S			Other conditions CHRONIC NEDHRITIS	***************************************	
	enn sylv an			CIRRHOS'S CIUER' (Include pregnancy within 8 months of death)		
14. Malden name 15. Birthplace		mick		Major findings of operations		
2016	Pennsylva	nla	VIN AOD. +			
16. Informant	4 10 ing	mine	19 courses	Autopsy results		
17. Butl. (Burial, cremation.	or removed Which?)	Oate there	(month) (dny) (year)			
Cemetery or cromatory	con	rely	7	Where did injury occur?	(State)	
Location	Jurlo	on	2 f	Injured at home, farm, industry, public place (where?)		
18. Funeral director	8.15	Mel	longally	Means of Injury Injured at work?		
Address &	st no	w)	Market.	23. SIGNATURE	2	
19. //- 2 (Date rec'd by regi	3- 19 4 C	Jas	e marsh m		or/other / y 6	



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

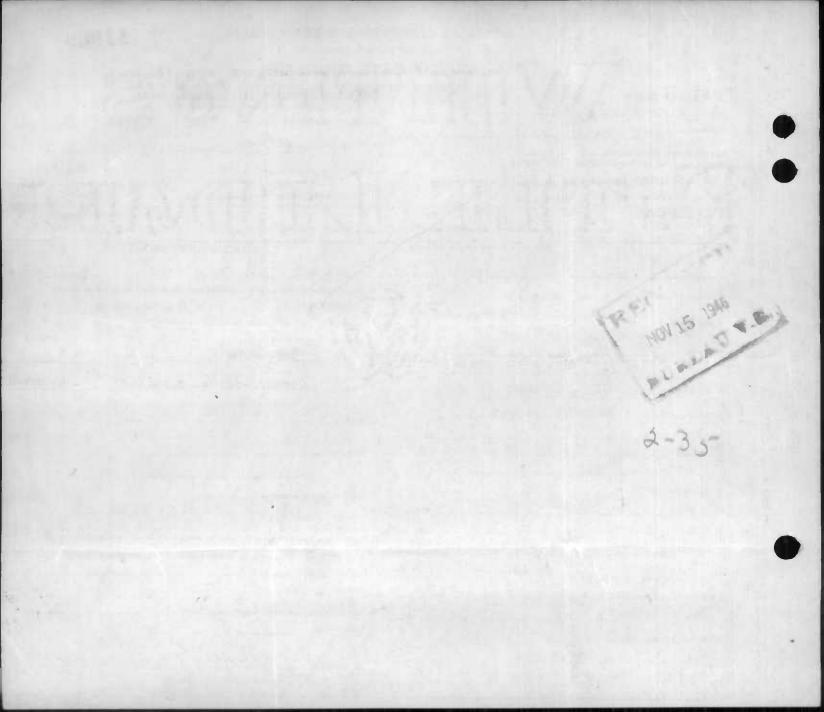
2411 N. Charles St., Baltimore 30

- 14				
1	7	11	11)	6.3
- 35		13	11	31
			340	dis

FRT	IFIC	ATE	OF	DE	TLI

Reg. Dist. No. 1160

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Dorchester		
City or town Cambridge con or town limits, write RURAL and give nearest town)	State Lary Land County Talbot	
How long in above place of death?	City or town	st town)
Hospital, Institution, or street address where death occurred:	Street No. unknown	
Eastern Shore State Hospital	(If rural, give LOCATION)	V
How long In hospital or institution?	2.(a) It veteran, name warunknown	
3. (a) FULL NAME	3. (b) Social Security Nu	mber
Odie Stephens	219-07-8	797
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	219-07-8  MEDICAL CERTIFICATION	
55/ male white married	20. DATE OF DEATH	
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended decease	d from
	November 1, 19.46 November 5	1946.
7. Birth date of	and that I last saw h imalive on November 5	1946
deceased (mo., day, yr.)  S. A.C.F. Years   Months   Days   it less than one day	Immediate cause of death	OURATION
o. Auc.	Bneumonia	4 days
55 3 6hrsmln.		
9. Birthplace (Town, county, and state)	Oue to Cerebro-spinal syphilis	unknowr
1D. Usuat occupation	B. 1-	
11. industry or business	Due to	
12. Name	Other conditions	
13. Birthplace nknown		***************************************
& 13. Bittiplace	(include pregnancy within 8 months of death)	
14. Maiden name Unknowa	Major findings of operations.	
15. Birthplace	Date of op.	
16. Intermant Eastern Shore State Hospital Records	Autopay results	tistically.
Address ambri e, K-ryland	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide	
	Where did injury occur?	
Cemetery or crematory Strong a vill Mullety		
Location Later Land	Injured at home, farm, Industry, public place (where?)	
18. Funeral director.	Means of Injury Injured at work?	
Address Porton Mid:	March B.	1.00%
	23. SIGNATURE M. D. OT	other
(Date fee'd by registrar)  (Date fee'd by registrar)  (Date fee'd by registrar)	Address Control Date signed	



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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Blow

### CERTIFICATE OF DEATH

11(11() Reg. Dist. No. 116 Q

1. PLACE OF DEATH: County. D rchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)
	state Maryland county Dorchester
City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)	City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life.  Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)  Street No. 5 Choptank Ave.
Cambridge Maryland Hospital	Street No. OCHOPULITIE AVE.
How long in hospital or institution? 10 Days	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Ethel Marshall Stephenso	on _
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION (8)
Female White Married	20. DATE OF DEATH 10V. 21 19 46 at 9 /A.N
B.(b) Name of husband or wife Frank T. Stephenson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 5.0 years	and that I last saw h = T allve on how 2 1 18 4 6
7. Birth dale of deceased (mo., day, yr.) Dec. 12, 1898	and that I last saw hallve on
8. AGE: Years Months Bays If less than one day	Immediate cause of death DURATION DURATION
47 11 9hrsmln.	malignant type 4 yrs
9. Birthplace Cambridge, Dor. Co., Maryland (Town, county, and state)	Due Io
10. Usual occupation Domestic	
11. Industry or business Home	Due to
	Diher conditions
12. Name J. Lay Marshall 13. Birthplace Maryland	
	(Include pregnancy within 3 months of death)
14. Malden name Edith Dunn 15. Birthplace Maryland	Major findings of operations.
	- Oale of op.
16. Informant Mr. F. T. Stephenson	Antopsy results
Address Cambridge, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial Burial Date [Nove 23, 1946] (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Family Cemetery	Where did injury occur?
Location Sharptown, Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director LeCompte's Funeral Service	Means of Injury Injured at work?
Address Cambridge, Maryland	- 23. SIGNATURE of auvenue Manyanor
19. 11. 22. 19 66 Nohum Mach for 20	12 ( Records
(Date rec'd by registrar) Registrar	Address / 36 Cambridge Mov. Date signed Mov. D. Date signed Mov.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (37-6)

### CERTIFICATE OF DEATH



1. PLACE OF DEATH:  County Or town Carthy death (If outside fity or town limits, write RURAL and give nearest town)  How long in above place of death? 37. Mark  Hospital, Institution, or street address where death occurred:  125 Mill Street.  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State Mayland County Deceased.  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Ida V. Stevens	3. (b) Social Security Number
4. Sex   5. Color or race   8.(a) Single, married, widowed, or divorced  Temale White Widowed	MEDICAL CERTIFICATION  2D. DATE OF DEATH November 18 1946 21 7: 15 P. M.
8.(b) Name of husband or wife Shadrach # Stevens  8.(c) If alive, give age years  7. Sirih date of October 12 1858	21. I CERTIFY that death occurred on the date above claims; that I attended deceased from  19. 46. to 19. 46.  and that I last eaw h. A. alive on 18. 46.
deceased (mo., day, yr.) October 12, 1858  8. AGE: Yeare   Monthe   Days   if less than one day	Immediate cause of death DURATION 3 Lags
9. Birthpiace Dorchester Country, Maryland (Town, country, and state)  10. Usual occupation Unramphaged	Oue to Certaint Sclending Dardet 5 538 + ?  Due to
11. Industry or business    12. Name	Other conditions as a flagical Louis to 20818?  "Typhoid Spheric"  (Include programmy within 3 months of death)
15. Birthplace Doschester County, Mayland  18. Informant Mrs. Daisey V. Leonard	Major findings of operations
Address Cambridge Maryland  17. Bural (Burlal, cremation, or removal, Which?)  (Burlal, cremation, or removal, Which?)  (month) (day) (year)	22 VIOLENCE, is dealy was due to external equese. fill in the following:
Cemetery or crematory Washington Consistery  Location Near Aurock Maryland  18. Funeral director of the Transform and Son	Injured at home, farm, Industry, public place (where?)
Address Federalsburg maryland  19. 11-2\$-19 \$6 John Maryland Registrar Registrar	23. SIGNATURE Clinings Hard Mr. D. or other  Address Cacubulgs MD Date signed 1/-20 46



# 9.45-15M VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1860

# CERTIFICATE OF DEATH



1. PLACE OF D			2. USUAL RESIDENCE (HOME) OF DECEASED: (Fer newborn infants give residence of mother)		
County Dorchester			state Maryland county Dorchester		
City or town		mits write RURAL and give negrest town			
Now long in above ala	re of death? 29	Years	City or town Cambridge (If outside city or town limits, write RURAL and	give negrest town)	
	or street address where				
Bound	dary Ave.	***************************************	Street No. Boundary Ave. (If rural, give LOCATION)		
How long in hospital	or Institution?	-	2.(a) If veteran, name war	*************************************	
3. (a) FULL NAM	ME		3. (b) Social So	curity Number	
		Victoria J. Todd		-	
4. Sex	5. Color or race	8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	ON	
Female	White	Widowed	20. DATE OF DEATH November 7, 19	46 9.30 P	
6.(b) Name of husban	ed or wife. Nemia	H. Todd	21. I CERTIFY that death occurred on the date above stated; that Letter	ged deceased from	
(Died	12/28/194	]	and that I last saw hCR alive on H/7		
7. Birth dale of deceased (mo., day	yr.) July 2	9. 1861.			
8. AGE: Yea		Days   If less than one day	Myocardian FAILURE		
85	3	8hrs,		3days.	
			Due to SHOCK OF FRACTURE		
9. Birthplack	(Town,	county, and state)	FEMUR.		
10. Usual occupation	_				
11. Industry or busine			Due to	***************************************	
		es	Other conditions Se~/-:Ty		
			Other conditions	***************************************	
nd I	Maryland		(Inclode pregnancy within 3 months of death)		
불 14. Malden nam	Rachel P	ritchett	Major findings of operations		
2 15. Birthplace	Maryland		Date of c	0	
16 Informant 1/72	s. Milton	Mayne			
			PHYSICIAN: Please underline the cause to which death should be	charged statistically.	
Co.	mbridge,	•	22. VIOLENCE: If death was due to external causes, fill in the followin	g;	
17 Buris	al on, or removal. Which?)	Date thereof. No.V. 10, 194 (month) (day) (year)	Accident, suicide, or homicide	of	
		dge Cemetery	Where did injury occur? CAMBRIDGE DOC (City or town) (Coonty)	RCH. MARYLAN	
			(City or town) (Coonty)	(State)	
		Maryland	Injured at home, farm, Industry, public place (where?)	1/5	
18. Funeral director.	LeCompte	Funeral Service	Meens of Injury FELL down STAIRINGURED at we	ork? YES	
-Address Cal	mbridge. I	Maryland	(M. 75) Can	KR.	
		0 .	23. SIGNATURE	M. D. of other	
19. (Date rec'd by r	10 · 19 46	Registr	at Address Caretride Ma Date	signed 9/XL	

NOV 12 1946

PLEASE

VS A15

correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (934)

# CERTIFICATE OF DEATH

- Salar	1				
*	11	11	1	1	
	L	13	1	X	

Reg. Diat. No. .....

1. PLACE OF DEATH: County Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
		state Maryland county Cecil		
City or town	, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and giv		
How long in above place of death? 13 year	s and 3 months	(If outside city or town limits, write RURAL and giv	e nearest town)	
Hospital, Institution, or street address where death		Street No.	/	
Eastern Shore State 12	ospital and 3 months	(If rurat, give LOCATION)	1/	
How long in hospital or institution 13 year	es and 5 months	2.(a) If veteran, name war	V.	
3. (a) FULL NAME		3. (b) Social Secu	rity Number	
William E. White	S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white	widower			
mate write	MIGOMET	20. DATE OF DEATH. November 15 19.4	6a16:30 A.m	
5.(b) Name of husband or wife Georgian	nna Cunningham	21. I CERTIFY that death occurred on the date above stated; that I alianded		
0.(0) Name of Nusbane of Mile.	0 /-\	August 19, 1933 19	41946	
7. Birth date of	6.(c) IT 2114e, give age	and that I last saw h. im. alive on November 14	1846	
deceased (mo., day, yr.) March 19,	1870	Immediate cause of death	DURATION	
8. AGE: Years Months	Days tiless than one day	Chronic Myocarditis mycorcardial		
76 7	238hrsmin,	Degeneration	3	
9. Birthplace Perryville Mar	vland	Due to	years	
		old age		
10. Usual occupationStorekeeper	<b>C</b>	Due to		
11. Industry or business		Senile Psychosis		
買 12. Name Edward Wm. White	3	Dither conditions		
13. Birthplace Perryville, Ma				
E 13. Birthplace I elly ville, Ma	arytand	(Include pregnancy within 3 months of death)		
14. Maiden name Rebecca Kel	Ly	Major findings of operations		
15. Birthplace Perryville, M.	aryland	Date of op		
14. Maiden name Rebecca Kel: 15. Birthplace Perryville, M. 16. Informant Eastern Shore	State Hospital Records	Autopsy results.		
		PHYSICIAN: Please underline the cause to which death should be cha	rged statistically.	
Address Cambridge, Maryl		22, VIOLENCE: If death was due to external causes, fill in the following:		
17. Boy 19. (Burial, cremation, or removal, Which?)	Date thereof	Accident, suicide, or homicide		
Cemetery or crematory. 5.4. 21.9.	+ + Constitution	Where did injury occur?		
Cemetery or crematory.	A A A A A A A A A A A A A A A A A A A		(State)	
Location Land	40.	Injured at home, farm, industry, public place (where?)		
1B. Funeral director Fle a Gatt	esson & ton	Msans of Injury Injured at work?		
In. Pulleral Director Canada C	mall	flow holden	weend to la	
Address Play Wille,	11(4	23. SIGNATURE	D. or other	
19. 11-16 19.46	John Mace Ju ma	Grace M. Branscombe		
19. (Date rec'd by registrar)	Registrar	Address Cambridge, Md. Date sign	11-15-46	



9-45-15M

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940)

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Dorchester				State Delaware county New Castle			
City or town Cambridge (If outside eity or town limits, write RURAL and give nearest town)							
How long in above place of death?			•••••		ita, write RURAL and give near		
	or street address where			Street No. 701 S. Mark			
					ve LOCATION)	V	
	or institution?			2.(a) If veteran, name war			
3. (a) FULL NAM	iE	013	7 77 117 1 1 0	2	3. (b) Social Security	Number	
			cles H. Whitefa				
4. Sex	5. Color or race	140	, married, widowed, or divorced	MEDICAL C	CERTIFICATION		
Male	White	Ma	arried	20. DATE OF DEATH NO.V.C.	mber 8, 19.46	a111:30Am	
0 (1) N (1)	Anni	e F. F	Hoff	AL TOMORPH HEALTH IN CONTRACTOR AND ADDRESS.	the state is that better ded doors	and from	
				Dead ou al	rue	19	
7. Right date of			tf alive, give ageyears	and that I last saw halive of	for alle	TEP 19	
	yr.) Sept.	Days	1 If less than one day	Immediate cause of death		DURATION	
o. AGE.				Coroner	O-10 Cluus	23 hours	
6 <sup>r</sup>		0	hrsmin.	-	********************************		
9. BirthplaceH.S	artford C	ounty.	Maryland	Due to aruno Solu	Sanda South Sanda	***************************************	
	Ministe			- Colonial Andrews	efel	******************	
			***************************************	Due to			
	Ministe		3 3			***************************************	
		whitel	Card	Other conditions		***************************************	
	Maryland			(Include pregnancy within )	8 months of desth)		
置 14. Malden nam	Mary E.	Boyin	ngton	Major findings of operations. 205	215		
15. Birthplace	Maryland			Major Madogs of Optracom			
16 Informant (77	Mary E.  Maryland  cover C.	White	Card	Autopsy results			
	lmington.			PHYSICIAN: Please nuderline the cause to	which death should be charged	statistically.	
				22. VIOLENCE: If death was due to external c	auses, fill in the following;		
(Burlal, crematic	n, or removal. Which?	Date there	(month) (day) (year)	Accident, suicide, or homicide	Date of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			tery Slatridge	Where did injury occur?(City on town	(Connty)	(State)	
			J.	Injured at home, farm, Industry, public place			
				Means of tnjury	Injured et work?		
			neral Service	Eldridge H	woeffuer.		
Address Ca	ambridge,	Mary	Land.	23 SIGNATURE LOCKING LOC	arte Medien	I daening	
10 = 10 .	19 46	Aa	he mark	The Post of the A	ш. Б.	or other	
(Data rec'd by	registrar)	//	I vistrar	Address - au brief & Doy	Cheller CoDate signed	11-1-46	



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 51-6

11015

### CERTIFICATE OF DEATH

			7	7/	2	L.
Reg.	Dist.	No.		1	)	à

County Dorchester  City or town Cambridge  (If outside city or town limits, write RURAL and give nearest town)  How long in above piace of death? 12 Years  Hospital, institution, or street address where death occurred:  312 Locust St  How long in hospital or institution?			City or town. Cambridge (If outside city or town limits, write RURAL and give nearest town)  Street No. 312 Locust St. (If rural, give LOCATION)  2.(a) If veteran, name war.			
3. (a) FULL NAM		ert Wilson		3. (b) Social Security 1	<b>Vumber</b>	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
Male	White	Married	20. DATE OF DEATH		8:30P M	
6.(b) Name of husband or wifeAliceWheatley		21. I CERTIFY that death occurred on the dale ab	ove slaled; that I attended decea	sed from 7 19.46		
deceased (mo., day	yr.) April		Immediate cause of death		OURATION	
8. AGE: Yea 69	Months 6	Days If less than one day  16hrsmin.	arema		2 days	
9. Birthplace Castle Haven, Dor. Co., Md.  (Town, county, and stata)  1D. Usual occupation. Farmer			Due to. a Mario Selevotre  Cardio Varcalar disesse  Due to.			
11. Industry or business Dirt 12. Name Truston Wilson V 13. Birthplace Maryland			Other conditions Carcinstua ?  (Include pregnancy within 3 months of death)			
14. Maiden name Laura Wolff 15. Birthplace Maryland  Cranyille W. Wilson			Major findings of operations.			
18. Informant Granville W. Wilson Address East New Market, Maryland			Antopsy results			
17 Buria (Burial, crematic	on, or removal. Which?		22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide Where did injury occur?	Date of		
Location Est New Market, Maryland.  18. Funeral directol.gCompte's Funeral Service			Injured at home, farm, Industry, public place (whose?)  Meens of Injury  Injured at work?			
Address Cal	mbridge,	Maryland.	23. SIGNATURE Claridge	Xerbeff	Ne D	
19. // - /	0 - 19 46. registrar)	John Marel fr me.	Address Cambride	2 MO Date signed.	11-9-46	

N 12 1946